the state of the s									I					
PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number					
-	Effective October 1, 2003							10827.033						
		CLAIMS		S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY			OTHER THAN			
Γ	TOTAL CLAIM	1S	1000	(Column 1)			7	TYPE			OR		L ENTITY	
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		BASIC	-	EE		RATE		
TOTAL CHARGEABLE CLAIMS				// minus 20= •					-	5.00	OR	BASIC FE	F 770.00	
١,	INDEPENDENT CLAIMS) minus 3 =		2.		X\$ 9			OR	XS18=	<u> </u>	
MULTIPLE DEPENDENT CLAIM PR			PRESENT	111103 3 =			1	X43=			OR	X86=		
-	if the difference						ا ا	+145=			OR	+290=		
	11/15			ess than zero, enter "0" in column 2				TOTAL	38	5	OR	TOTAL		
V								SMAL	L ENTIT	~ .	OR.		R THAN ENTITY	
V		CLAIMS		HIGHE	ST	(Column 3)	1		ADD		ار ا	SMACE	ADDI-	
AMENDMENT		AFTER AMENDMENT		PREVIO	JSLY	EXTRA		RATE	TION			RATE	TIONAL FEE	
	Total	. //	Minus	-20) ·	*	lſ	X\$ 9=		\neg	OR	X\$18=		
	Independent	ENTATION OF N	Minus		3	=		X43=		7	OR	X86=		
	FINST PRES	ENTATION OF N	TOUTIPLE DI	EPENDENT (CLAIM			+145=	†-	7	R	+290=		
							L	TOTAL	- 1		L	TOTAL		
_		(Column 1)		(Column	1 2)	(Column 3)	AI	ODIT. FEE			''' A	DDIT. FEE		
18		CLAIMS REMAINING AFTER	-	HIGHES	R	PRESENT	Γ	DATE	ADDI	•	·ſ		ADDI-	
AMENDMENT		AMENDMENT		PREVIOU PAID FO		EXTRA	L	RATE	TIONA FEE		L	RATE	TIONAL	
	Total Independent	•	Minus	-		=	L	X\$ 9=		0	R	X\$18=		
A		NTATION OF MI	Minus JLTIPLE DE	PENDENT C	AIM	-		X43= .	·	01	R	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OF	<u>,</u> [+290=		
											7 40	TOTAL DIT. FEE		
Ţ		(Column 1) CLAIMS		(Column	_	(Column 3)	•	•	<u> </u>				·	
		REMAINING . AFTER		NUMBER PREVIOUS		PRESENT EXTRA	F	ATE	ADDI- TIONAL	7	Γ	RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAID FOR	$\neg \neg$		-		FEE		Ľ		FEE	
-	ndependent		Minus	***		-	Ľ	\$ 9=		OR	L	(\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ľ	43=		OR		K86=		
. 11 .										OR	T	290=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	400	TOTAL IT. FEE		
Th	e "Highest Numb	er Previously Paid	For (Total or	o SPACIE is les Independent) i	s then s the h	3. enter "3," ighest number fo		T. FEE L	opriate bo	a in co	AUTHO MUNICIPAL STATES	11. <u>155 -</u>		
	TO-875 (Rev. 10/0				-							MENT OF C	Mayera	